PATENT APPLICATION FEE DETERMINATION RECORD

Effective OC40bor1, 2003 (Column 1)

CLAIMS AS FILED - PART I

TOTAL CLAIMS

FORM PTO-875 (Rev 12/02)

Application or Docket Number 10 404,009

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OTHER THAN

OR SMALL ENTITY

SMALL ENTITY

TYPE ____

101/12/02/11/10			10		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	P385	OR	BASIC FEE	OFFE
TOTAL CHARGEABLE CLAIMS			lle minus 20=		* :			X\$4] =		OR	X\$ \$ =	
INC	DEPENDENT C	LAIMS	3 minus 3 = *		`		Г	X43=		OR	x8b=	
ML	JLTIPLE DEPEN	NDENT CLAIM P				Γ.	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column							-	OTAL		OR	TOTAL	-
CLAIMS AS AMENDED - PART II											OTHER THAN	
(Column 1)			(Column			(Column 3)		SMALL ENTITY		OR	SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		a .	- 3	x\$9=		OR	×\$(8=	
AME	Independent	*	Minus	***		=		X43=		OR	X26=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45:=		OB	+390 =	
							L	TOTAL		OR	TÖTAL ADDIT. FEE	
		(Column 1)	(Column 3)	ADI	OIT. FEE		1	ADDII. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	A SHARK	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		-	,	<\$9 ₌		OR	×\$/8=	
AME	Independent	*	Minus	***		2	1	W3=		OR	×86≠	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145=		OR.	+2990=	
TOTAL									-	OB	TOTAL	
		ADE	IT. FEE		JO11 ,	ADDIT. FEE						
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	×	\$9=		OR	X\${8=	
AME	Independent	*	Minus	***	01.4/14	-	\rightarrow	43=		OR	×86€	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIM			145=		OR	+∂A6=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										L	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
	The "Highest Num	ber Previously Paid	d For* (Total or	Independer	nt) is the	highest number	found i	n the app	ropriate box	in colu	ımn 1	

*U.S. Government Printing Office 2003 — 498-278/69151

(Column 2)